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Omission is Negligence

New Brunswick Public Health knew early on that Covid-19 infection causes long term illness, but decided not to tell anyone.

POP NB
NOV 16, 2022

New Brunswick Public Health has another skeleton in its closet.

PoP NB submitted a Right to Information request on September 15, 2022 for records of discussions of Long Covid. The response brings to light a shocking level of deception perpetrated against the people of New Brunswick, under which true magnitude of risk was hidden and the fundamental precepts of public health were abandoned.

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The ethical framework of Public Health, as set out by the Public Health Association of Canada states scientific uncertainty should not prevent decision makers from taking action to reduce risks associated with COVID-19.

> In order to promote well-being and minimise harm, the following must be considered when weighing options:
>
> - **Effectiveness:** there should be a reasonable likelihood that the proposed decision or action will achieve its goals, and that its implementation is feasible. If scientific evidence is available, the proposed action or decision should be supported by the evidence;
> - **Proportionality:** potential benefits should be balanced against risks of harm. Measures should be proportionate to the relevant threat and risks, and the benefits that can be gained. If a limitation of rights, liberties or freedoms is deemed essential to achieve an intended goal, the least restrictive measures possible should be selected, and imposed only to the extent necessary to prevent foreseeable harm;
> - **Reciprocity:** those who are asked to take increased risks or face greater or disproportionate burdens in order to protect the public good should be supported by society in doing so, and the burdens they face should be minimised to the greatest extent possible;
> - **Precaution:** scientific uncertainty should not prevent decision makers from taking action to reduce risks associated with COVID-19. The continued search for scientific evidence should nonetheless be a goal.

We now know New Brunswick decision makers had a staggering quantity of high quality information detailing the prevalence and mechanisms of the long term complications of Covid-19 infection. They simply chose to ignore it.

The Misunderstood Spectre of Long Covid

Long Covid, varyingly referred to as *Post Covid-19 Condition* and *Post Acute Covid Sequelae*, is a constellation of numerous symptoms occurring weeks or months following infection with Covid-19. It affects both adults and children. It attacks those who had severe acute infections and those who had mild or asymptomatic infections.

Long Covid conditions can improve with time and care, unfortunately, its effects can be debilitating, severely reducing a sufferer's ability to work and do simple everyday activities.

There is no cure.

It is now believed that Long Covid symptoms are rooted in the widespread damage Covid-19 infection causes in pulmonary, vascular, cardiovascular, gastrointestinal, and neurological systems (lungs, vessels, heart, stomach/intestine/bowel, and nerves respectively) and the virus' ability to induce ubiquitous micro-clotting (recently detected in *all* Long Covid patients).

Public perception of Long Covid varies between it being uncommon and only impacting those with preexisting chronic health issues, to it being imaginary, psychosomatic, or of dubious origin. These perceptions are largely underpinned by an utter absence of its mention in the Public Health narrative.

Public Health who moved so rapidly to safeguard New Brunswick from Covid-19 even prior to knowing the full scope of risk. Public Health who sermonized on the requirement to collectively protect each other from the harms of the novel pathogen. Public Health who exist solely to prevent disease, promote health, and prolong life among the population as a whole.

After all, public health protections are so engrained in our culture that absence of them implies absence of any hazard or risk.

If Long Covid was serious, surely Public Health would alert the population who are being exposed to the risk of contracting it…

If it was serious, and Public Health has to date said nothing, surely they are not yet aware of the condition, or do not have access to appropriate information…

Surely…

Access to Information

Early in our advocacy we told ourselves the same things and laboured under the naive notion that given access to the increasingly corroborating information being published by the medical and scientific communities, Government and Public Health would *surely*

perform the ethical action of including accurate risk descriptions in their communications.

But they did not.

As of today, New Brunswick Public Health has not mentioned Long Covid in any press release or press conference. There is no mention of long term symptoms or complications on the New Brunswick Covid-19 webpage. The population of New Brunswick has not been informed of the existence, prevalence, or impact of Long Covid through the one office responsible for disseminating that information.

As a result, the population's knowledge is piecemeal, anecdotal, and dangerously incomplete.

On February 24, 2022, when the current government and Public Health told the people of New Brunswick the pandemic was now going to be managed through individualized risk assessment, it neglected to inform any of its citizens of the true magnitude or mechanism of that risk. This was a lie of omission.

We now know that the office of Public Health was in possession of mountains of excellent, vetted, scientific information on the long term complications of Covid-19 infection. It simply did nothing with it, and actively kept it hidden from the public and media.

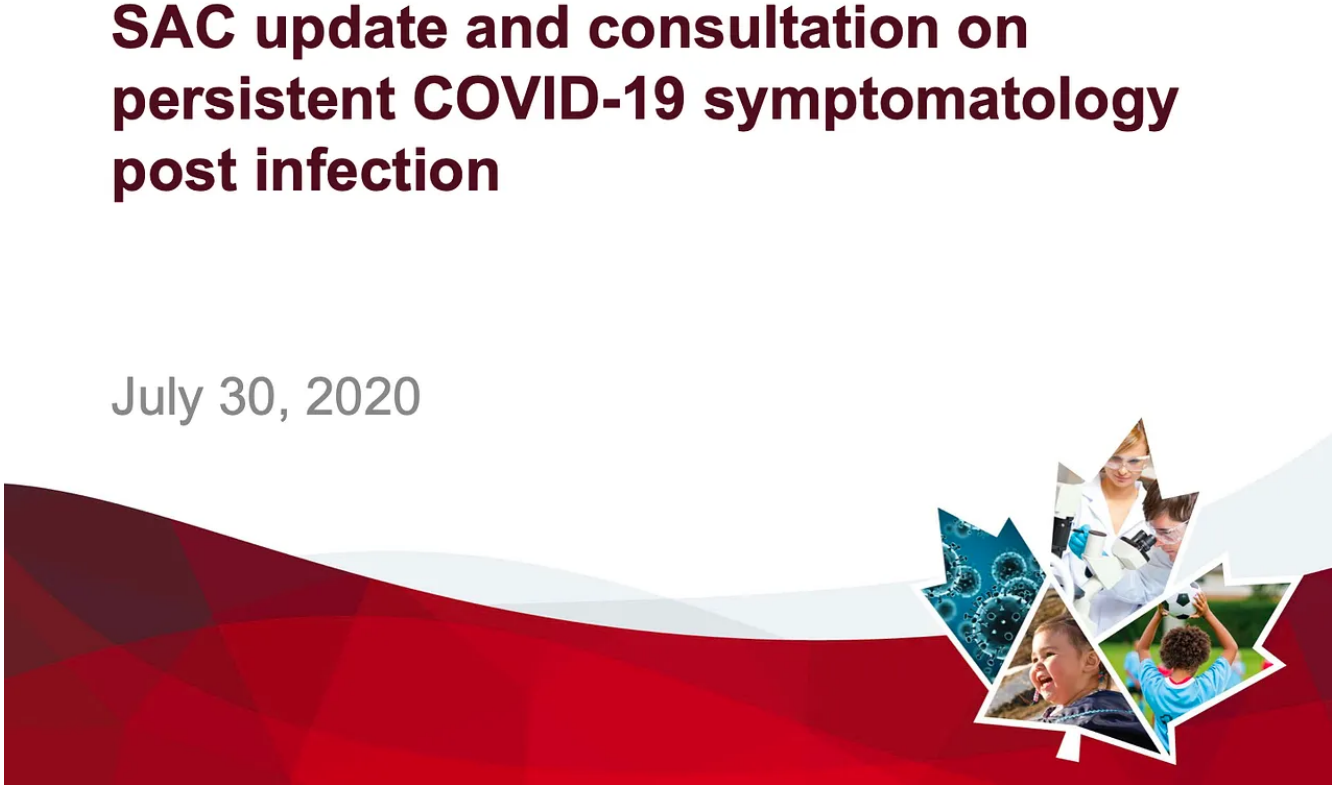
A Wealth of Discarded Evidence

Special Advisory Committee on Covid-19 (SAC)

In July 2020, a mere five months into the pandemic, New Brunswick Department of Health officials, participating in the Pan-Canadian Public Health Network's Special Advisory Committee on Covid-19, were provided with a copy of a fifteen page slide deck outlining what was then understood about persistent Covid-19 symptomatology.

Health Canada and the Public Health Agency of Canada Santé Canada et l'Agence de la santé publique du Canada

Canada



Even at this very early stage, evidence was being provided to New Brunswick officials which summarized studies from Italy, the United States, and the United Kingdom showing a minimum of 10 percent of Covid-19 patients continued experiencing ongoing Covid-19 related issues.

The presentation detailed evidence of cardiovascular and chronic disease implications in Covid-19 patients, and recalled studies demonstrating the long term respiratory dysfunction, reduced exercise capacity and reduced quality of life of those impacted by the 2003 SARS epidemic in Toronto.

This material was sent to thirteen members of the Department of Health, including Chief Medical Officer of Health Jennifer Russell, Deputy Chief Medical Officer of Health Cristin Muecke, and the Deputy Minister of Health Heidi Liston, as well as 254 other health officials within the Canadian federal and provincial governments.

No member of Public Health or the Department of Health has ever provided any of this information to the people of New Brunswick.

The full slide deck is available here.

The full list of recipients is available here.

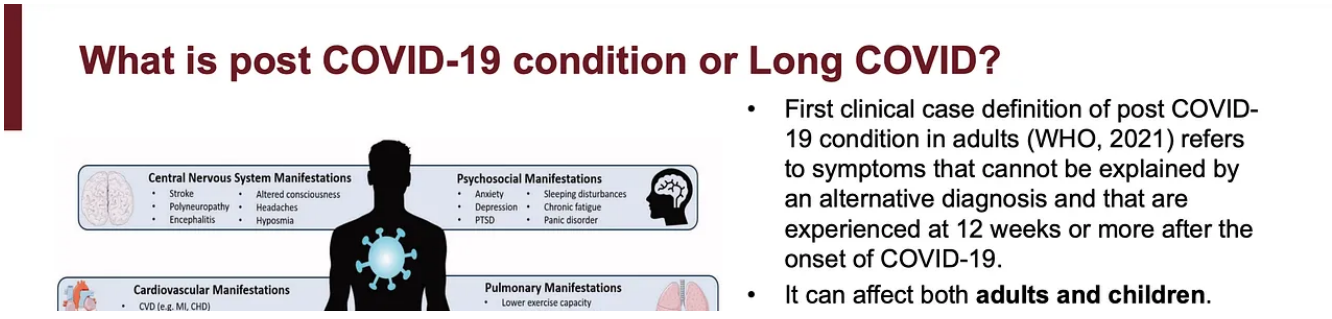
Public Health Agency of Canada (PHAC)

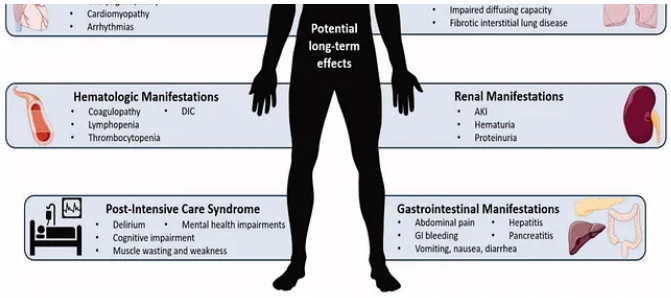
Beginning in May, 2021, we see that New Brunswick Public Health had been receiving reports from the Public Health Agency of Canada showing evidence of Long Covid presenting as long-term health outcomes involving the cardiovascular, pulmonary, hematologic, renal, gastrointestinal, and central nervous systems, plus psychosocial health effects, among others.

The Agency committed to study the issue and gather evidence of Long Covid's impact on Canadians, and we can see through other reports included in the response that they made good on this promise. Updates were given to the provincial governments outlining accumulated information and proposing ways forward which included strengthening public health surveillance, planning the development and dissemination of evidence-based guidelines and tools, and facilitating coordination and information sharing.

No member of Public Health or the Department of Health has ever provided any of this information to the people of New Brunswick. Neither have they implemented any of surveillance, guidelines, or information sharing.

In preparation for this piece, we interviewed several New Brunswick doctors and medical practitioners. None of the information from the Public Health Agency of Canada has been provided to them. They have not been made aware of any efforts to gather patient data or develop diagnostic or treatment tools. They have received no information on Long Covid from the government.


What is post COVID-19 condition or Long COVID?
Central Nervous System Manifestations
Stroke
Polyneuropathy
Encephalitis
Altered consciousness
Headaches
Hyposmia
Psychosocial Manifestations
Anxiety
Depression
PTSD
Sleeping disturbances
Chronic fatigue
Panic disorder
Cardiovascular Manifestations
CVD (e.g. MI, CHD)
Pulmonary Manifestations
Lower exercise capacity
First clinical case definition of post COVID-19 condition in adults (WHO, 2021) refers to symptoms that cannot be explained by an alternative diagnosis and that are experienced at 12 weeks or more after the onset of COVID-19.
It can affect both adults and children.



Higgins et al, *Crit Rev Clin Lab Sci*, 2020

- **Broad range of symptoms** including fatigue, shortness of breath, cognitive dysfunction but also others and generally have an impact on everyday functioning.
- Symptoms **fluctuate in intensity and frequency** and impact different organ systems, making diagnosis more challenging.
- Absence of a **universally accepted case definition** for post COVID-19 condition.

2 CANADIAN INSTITUTES OF HEALTH RESEARCH PUBLIC HEALTH AGENCY OF CANADA

The Department of Health laments the condition of New Brunswick healthcare while denying its practitioners the tools to improve it.

The full reports are available here.

Office of the Chief Science Officer (OCSO)

As early as August 2021, the federal Office of the Chief Science Officer (OCSO) was sending New Brunswick Department of Health detailed digests listing, linking, and summarizing studies and evidence on Long Covid. These “Scan of Evidence” documents began as monthly communications to hundreds of provincial health officials across Canada, and soon switched to a bi-weekly frequency due to the vast amount of information being produced.

The first OCSO Evidence document included in our Right to Information response was labeled “Number 5”, suggesting that the communications began in April 2021 (we have filed a separate request with the Federal Government for access to all OCSO reports and their recipients).

In August 2021, two weeks after New Brunswick’s first attempt to remove protections, New Brunswick Public Health was in possession of evidence which showed:

- “80% of infected patients developed one or more long-term symptoms.”
- Persistent effects of COVID-19 beyond 3 months follow-up included a 59% prevalence of CT abnormalities, 39% abnormal lung function, 38% fatigue, 32%

dyspnea, and 16% chest paint/tightness.

- "Long COVID likely to increase healthcare demands across health system, including emergency departments, hospital admissions, primary care visits, specialist's appointments, and home care and rehabilitation services."
- "More than a third of our COVID-19 patients presented persistent symptoms after SARS-CoV-2 infection, particularly through loss of smell, loss of taste, fatigue, and dyspnea, with a high prevalence in HCWs among COVID-19 outpatients."
- "Individuals with prolonged symptoms maintained antigen-specific T cell response magnitudes to SARS-CoV-2 spike protein in CD4+ and circulating T follicular helper cell populations during late convalescence."
- "Survivors of Covid-19 experienced long-term symptoms, new disability, increased breathlessness, and reduced quality of life. Findings were even present in young, previously healthy working age adults, and most common in younger females."
- "There will be approximately 39,000 cases of disabling long COVID in those aged under 35 seeded by Covid-19 infections confirmed to July 31 [2021]."

The eleven page report goes on to state:

> *"Policy responses need to take into account the complexity of long COVID. Public health response to COVID-19 needs to adequately address long-term effects of SARS-CoV-2 infection."*

All this in just this one report.

OCSO continued to send monthly, then bi-weekly reports throughout the remainder of 2021 and through 2022 to Public Health and Department of Health officials in New Brunswick and their colleagues throughout Canada.

A total of nineteen OCSO reports are confirmed within the response to have been received by and circulated within New Brunswick Public Health.

These nineteen reports include **340 studies** on Long Covid, **79 media items** on the condition, and **44 commentaries, letters and professional opinions** on evidence and policy recommendations. They also include **37 resources** for patients, doctors, and

policy makers.

Judging by the report numbering, eight additional OCSO reports were not included in the response.

No member of Public Health or the Department of Health has ever provided any of this information to the people of New Brunswick.

The full reports are available here.

The full list of original recipients (which changed intermittently) is available here.

Canadian Agency for Drugs & Technologies in Health (CADTH)

More recently, in April - August 2022, we see evidence that New Brunswick Public Health continues to participate in receiving information it does not intend to disseminate to the public.

On June 1, 2022, the Canadian Agency for Drugs & Technologies in Health (CADTH) held a national roundtable on Long Covid. The virtual meeting was attended by Vice-President of Medical, Academic and Research Affairs for Horizon Health, Susan Brien, Vice-President of Outpatient and Professional Services for Vitalité Health, Stéphane Legacy, and Assistant Deputy Minister of Health, Eric Levesque. Additionally, thirty-one provincial representatives and six federal representatives were in attendance.

The primary points of discussion were the models of care for Post-Covid-19 Condition, and plans for delivering those models of care to provincial patient bases.

No member of Public Health or the Department of Health ever provided any of this information to the people of New Brunswick.

The summary minutes and report are available here. The list of attendees is included in the report.

Desperation and Dismissal

The knowledge that our government has long been in possession of information which, if used to shape policy, could have prevented thousands of people from developing chronic illness, is sickening.

To have the ability to inform people of their risk, and to do nothing is immoral. When it is the reason your position within Public Health exists, it is the highest form of negligence.

In an April 19, 2022 email responding to internal questions on Long Covid, Deputy Chief Medical Officer of Health, Yves Leger passes all responsibility from prevention to palliation. In the email, he labels Long Covid a "complication from an infection" and deems it "the realm of the acute care system" rather than displaying any awareness that prevention of infection is equal to prevention of long term complications.

From: Leger, Dr. Yves (DH/MS)
To: Elliott, Jennifer (DH/MS); McGowan, Joan (DH/MS)
Cc: Clair, Suzanne (DH/MS); Levesque, Eric J. (DH/MS); Russell, Dr. Jennifer (DH/MS)
Subject: RE: Long COVID
Date: April 19, 2022 10:46:59 AM

Hi Jennifer,

26(1)(a) [redacted]

Managing Long COVID, ie complications from an infection, are the realm of the acute care system, similarly to how public health would not typically be involved in developing clinical guidelines for managing complications from a meningitis or gonorrhea infection f example…. Public health focuses on primordial, primary and at times secondary prevention, however managing complication from a condition is what we would call tertiary prevention and typically the purview of the acute care system.

I can certainly find a few MOHs who would have interest in this topic, and I'm sure would be happy to participate in a process around this issue, 26(1)(a) [redacted]

Yves

Dr. Yves A. Leger, MD, MHSc, FRCPC

Acting Deputy Chief Medical Officer of Health
Medecin-hygeniste en chef ajoint par interim

N.B. Department of Health / Ministère de la Sante du N.B.

Leger admits the focus of Public Health is on prevention, a concept, in regards to Covid-19 which was wholly abandoned by Public Health mere weeks prior.

Long Covid is a preventable chronic illness caused by Covid-19 infection. New Brunswick Public Health has no difficulty understanding this concept in the context of measles, mumps, rubella, diphtheria, tetanus and polio.

"Instead, the department is asking New Brunswickers to expect COVID-19 is present whenever they are in public."

To act similarly with respect to infection by a virus they themselves admit is everywhere, would imply infection *is preventable* and *should be prevented*; two concepts they have worked diligently to diminish and erase. Leger's tone here is one of complicity, where he works to justify his department's prior action and future inaction.

Reading the reports, one is left with a feeling of futility. The amount of work and care that must be levelled at such an endeavour as regularly improving the knowledge of hundreds of disparate health officials is formidable. To retrospectively witness that effort languish, disregarded within the inboxes of ineffective or uncaring officials injures one's soul.

But perhaps the most gruelling elements of this response are the pleas from the afflicted. New Brunswickers who trusted and listened to the insufficient advice of Public Health only to fall victim to a chronic disease which diminishes their ability to live life. The grief of these people, who are left to plead and bargain with the structure which is supposed to protect their wellbeing, is palpable, and each time it is met with deaf ears and dead email chains.

> i am dying to speak to someone who specializes in long term covid and can give me some answers. and at the very least, i have tests and blood tests spanning the full time of my illness and maybe that can help the research.
>
> Thank you for your help

Hello Ms Shephard,
I am writing you as a sufferer of what is now called “long covid”. My symptoms are often debilitating and my life has been put on hold even though I am no longer infected with covid.
I am not alone as there are many others New Brunswickers suffering along with me. We need help and a long covid clinic in New Brunswick. I am not asking for anything more than what other Canadians have access to in their home provinces.

Please help us,

One of the most striking items in the response to our request was a letter sent to all provincial Chief Medical Officers of Health on June 30, 2020, three months after the beginning of the pandemic in Canada.

The six page letter is sent by a group of Canadians suffering from long-term illness

following Covid-19 infection, pleading for research, answers, and support, and that awareness of this debilitating condition be provided to the public.

Our experience
We are different ages and ethnicities, coming from different regions across the country, with different career fields. Some of us were extremely healthy before getting sick; others had chronic health conditions. Our symptoms have varied; some of us have been and still are seriously ill, while others are dealing with lingering or occasional symptoms. Some of us have children and family members with similar symptoms and ongoing health issues; others have experienced this journey alone. What we all share in common is an extremely prolonged experience of COVID-19 symptoms and a need for answers and medical support.

Twenty-eight months have passed since this letter was sent to our Chief Medical Officer of Health. No reply was made. No research was provided. No answers were given No support was implemented within our province.

No attempt was ever made to increase awareness of New Brunswickers… to inform them of the life limiting consequences of embracing individualization of a catastrophe that can only be solved collectively. Not once, in over two years, has Public Health made any effort to prevent or assist.

This level of abandonment is sociopathic and criminal.

The full letter is available here.

We provide the entirety of the response to our Right to Information request on the PoP NB website.

For those of you who reached out in desperation and were ignored, we see you.

We make your pleas known to the public.

We join you in your movement against the audacity of inaction.

We stand with you and demand New Brunswick Public Health inform the public of the

true risks of forced exposure and atone with suitable frameworks to support those their deranged neglect has harmed.

We will never forget this.

We will never forgive this.

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